PTO/SB/17 (12-04v2)
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Effective on 12/08	Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 09		9/773,560-Conf. #7119		
FEE TRANSMITTAL		Filing Date F		February 2, 2001		
For FY 2005		First Named Inven	ntor Pete	Peter Q. Herman		
FOIFT Z	Examiner Name A. Mehta		/lehta			
X Applicant claims small entity status. See 37 CFR 1.27		7 de Grae		2128		
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. S3632.0001/			2001		
METHOD OF PAYMENT (check	all that apply)					
Check X Credit Card	Money Order No	one Other (ple	ease identify):			
Deposit Account Deposit Account	Number: <u>04-1073</u> Deposit Ac	count Name: Dick	stein Shap	iro Morin &	Oshinsky LLF	
For the above-identified dep	osit account, the Director i	s hereby authorized	to: (check al	I that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayment of X Credit any overpayments						
fee(s) under 37 CFR	1.16 and 1.17					
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND E		ADOLLETES E	EXAMINAT	ION EEEC		
	ILING FEES SE Small Entity	ARCH FEES E		mall Entity		
Application Type Fee (\$) <u>Fee (\$) Fee (</u> \$		Fee (\$)	Fee (\$)	Fees Paid	(\$)
Utility 300	150 500	250	200	100		
Design 200	100 100	50	130	65		
Plant 200	100 300	150	160	80		
Reissue 300	150 500	250	600	300		
Provisional 200	100 0	0	0	0		
2. EXCESS CLAIM FEES						II Entity
Fee Description						e (\$)
Each claim over 20 (including Reis Each independent claim over 3 (inc					50 200	25
Multiple dependent claims	luding Keissues)				360	100 180
Total Claims Extra Claims	Foo (\$)	Doid (\$)	Multin	ala Danandai		160
				lultiple Dependent Claims ee (\$) Fee Paid (\$)		
-22-	^		100 (4		00 1 414 (4)	
Indep. Claims Extra Claims		Paid (\$)				
3 -3=	x =					
3. APPLICATION SIZE FEE	1100 1	<i>(</i>	. 11 61 1			
If the specification and drawings of listings under 37 CFR 1.52(e))	, the application size fee d	ue is \$250 (\$125 for	small entity	sequence or o	computer Iditional 50	
sheets or fraction thereof. See	35 U.S.C. 41(a)(1)(G) and	137 CFR 1.16(s).				
Total Sheets Extra Shee		additional 50 or fraction		Fee (\$)	Fee Paid	<u>(\$)</u>
- 100 =	/50	_ (round up to a whole	number) x	=	Face Daid	
4. OTHER FEE(S) Non-English Specification \$1	30 fee (no small entity dis	count)			Fees Paid	721
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00)
2401 Notice of appeal					250.00	
SUBMITTED BY						-
Signature / Left	Clyoth	Registration No. (Attorney/Agent)	31,063	Telephone	(202) 828-48	379
Name (Print/Type) Stephen A. Soffe	en <u>~</u>			Date	May 23, 200)5